

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

New York State Hospital and Healthcare Associations' Federal PAC

ADDRESS (number and street)

One Empire Drive

☐ Check if different than previously reported. (ACC)

Rensselaer

NY

12144

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00160259

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2012

through

M M M / D D D / Y Y Y Y Y Y
03 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Steven Kroll

Signature of Treasurer

Mr. Steven Kroll

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 05 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		120420.78
(b) Cash on Hand at Beginning of Reporting Period.....	120420.78	
(c) Total Receipts (from Line 19)	25750.00	25750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	146170.78	146170.78
7. Total Disbursements (from Line 31)	100326.73	100326.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45844.05	45844.05
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New York State Hospital and Healthcare Associations' Federal PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22800.00	22800.00
(ii) Unitemized	2950.00	2950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25750.00	25750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25750.00	25750.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25750.00	25750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25750.00	25750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	326.73	326.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	326.73	326.73
22. Transfers to Affiliated/Other Party Committees.....	100000.00	100000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	100326.73	100326.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	100326.73	100326.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25750.00	25750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25750.00	25750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	326.73	326.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	326.73	326.73

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Bartimole

Mailing Address 121 S. 8th Street

City State Zip Code
Olean NY 14760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western NY Healthcare Assn.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2012

Transaction ID : SA11AI.15775

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Bradford Berk

Mailing Address 601 Elmwood Ave.

City State Zip Code
Rochester NY 14642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ. Rochester Med. Ctr.

Occupation
Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2012

Transaction ID : SA11AI.15763

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Francis Hagan

Mailing Address 15 Tennyson Street

City State Zip Code
Hartsdale NY 10530

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Hospital Queens

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : SA11AI.15731

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kara Halstead

Mailing Address 1 Bunker Trail

City

Pittsford

State

NY

Zip Code

14534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Highland Hospital

Occupation

Director, Service Excellence

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : SA11Al.15745

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. William Hasselbarth

Mailing Address 417 Ridgehill Road

City

Schenectady

State

NY

Zip Code

12303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Executive Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2012

Transaction ID : SA11Al.15703

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven Kroll

Mailing Address One Empire Drive

City

Rensselaer

State

NY

Zip Code

12144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Association of NYS

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2012

Transaction ID : SA11Al.15724

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jonathan I. Lawrence

Mailing Address 2330 Mezzio Road

City State Zip Code
 Forestville NY 14062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brooks Memorial Hospital

Occupation

Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012

Transaction ID : SA11AI.15714

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dr. D. Rob MacKenzie

Mailing Address 6252 Bower Road

City State Zip Code
 Trumansburg NY 14886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cayuga Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : SA11AI.15767

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Judith Maness

Mailing Address 2716 Wilson Cambria Road

City State Zip Code
 Wilson NY 14172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mt. St. Mary's Hosp. & Hlth Ct

Occupation

Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 26 / 2012

Transaction ID : SA11AI.15690

Amount of Each Receipt this Period

1600.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph McDonald

Mailing Address 31 Rabin Terrace

City
Buffalo

State
NY

Zip Code
14220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catholic Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

03 / 02 / 2012

Transaction ID : SA11AI.15758

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Naldi

Mailing Address 4802 Tenth Avenue

City
Brooklyn

State
NY

Zip Code
11219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maimonides Medical Center

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 02 / 2012

Transaction ID : SA11AI.15730

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms Kathleen Parrinello

Mailing Address 601 Elmwood Avenue

City
Rochester

State
NY

Zip Code
14642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strong Memorial Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

01 / 26 / 2012

Transaction ID : SA11AI.15695

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

Full Name (Last, First, Middle Initial)

A. Mr. John Robinson

Mailing Address 90 Ridge Road

City State Zip Code
 Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Medical Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.15773

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles Ruotolo

Mailing Address 5 Signal Court

City State Zip Code
 Dix Hills NY 11746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nassau University Medical Ctr.

Occupation

Chairman, Orthopedics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 02 / 2012

Transaction ID : SA11AI.15739

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Ms Sarah Schermerhorn

Mailing Address 80 Sweetman Road

City State Zip Code
 Burnt Hills NY 12027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ellis Medicine

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.15774

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 14
(check only one)

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

Full Name (Last, First, Middle Initial)

A. Ms. Deborah Serafin

Mailing Address 229 Oakridge Road

City State Zip Code
Grand Island NY 14072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mt. St. Mary's Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2012

Transaction ID : SA11AI.15691

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Daniel Sisto

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Association of NYS

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2012

Transaction ID : SA11AI.15772

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael Warhol

Mailing Address 1330 1st Avenue

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

New York Hospital Queens

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2012

Transaction ID : SA11AI.15733

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

Full Name (Last, First, Middle Initial)

A. Ms. Karen Yacono

Mailing Address 163 Tumbleweed Drive

City State Zip Code
Pittsford NY 14534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rochester Regional Healthcare Assn.

Occupation
Director of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2012

Transaction ID : SA11AI.15689

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

22800.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

Full Name (Last, First, Middle Initial)

A. Paypal

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Credit Card fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2012

Transaction ID : SB21B.15727

Amount of Each Disbursement this Period

46.70

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 2211 N. First Street

City	State	Zip Code
San Jose	CA	95131

Purpose of Disbursement
Credit card fee

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2012

Transaction ID : SB21B.15776

Amount of Each Disbursement this Period

82.73

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

129.43

TOTAL This Period (last page this line number only)..... ►

129.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New York State Hospital and Healthcare Associations' Federal PAC

Full Name (Last, First, Middle Initial)

A. American Hospital Association PACMailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
Transfer to Affiliated SSF

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		12		2012

Transaction ID : SB22.15718

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

B. American Hospital Association PACMailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
Transfer to Affiliated SSF

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		09		2012

Transaction ID : SB22.15760

Amount of Each Disbursement this Period

50000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100000.00

100000.00
